

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

March 27, 2014

Morgan Bovat, Administrator  
Brownway Residence  
328 School Street  
Enosburg Falls, VT 05450

Provider #:

Dear Ms. Bovat:

The Division of Licensing and Protection conducted an onsite complaint investigation on **February 24, 2014**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **March 25, 2014** and there were no regulatory violations related to the complaint allegations.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

Enclosure

Division of Licensing and Protection

|   |   |  |  |  |
|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0118</b>                             | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>03/25/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROWNWAY RESIDENCE</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>328 SCHOOL STREET</b><br><b>ENOSBURG FALLS, VT 05450</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| R100  | Initial Comments:<br><br>An unannounced on-site complaint investigation was conducted on 2/24/14 by the Division of Licensing and Protection. The investigation concluded on 3/25/14 and no regulatory violations were identified related to the complaint. | R100   |  |  |

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE